

Dear Reviewers,

We sincerely thank the editor and all reviewers for their valuable feedback that we have used to improve the quality of our manuscript. The reviewer comments are laid out below in italicized font and specific concerns have been numbered. Our response is given in normal font and changes/additions to the manuscript are given in the blue text.

Reviewer #1: *I enjoyed reading this case. I would recommend to also determine whether risk factors for urothelial carcinoma were present in the patient's history and whether they influenced the possible chemotherapy response.*

Risk factors for urothelial carcinoma in the patient's history included smoking, which contributed to the development of many underlying diseases, such as coronary heart disease and emphysema. Prognostic factors included initial tumor invasion into the muscular layer, histological high-grade tumor embolism in the vessel, and age above 60 years. Among these factors, age factors may affect chemotherapy tolerance and the associated comorbidities caused by smoking may also affect chemotherapy tolerance.

Reviewer #2: *Thank you for the article - please provide details of the histological findings on the cystectomy specimen and if there was a biopsy of the metastatic deposit - please include images. What were the side effects of the drug regimen ? When would the authors suggest use of this drug in the multitude of treatment options - please add a paragraph to the text.*

First of all, the histological findings have been added completely in our article, you can find the original pictures in the "original pictures" PowerPoint document;

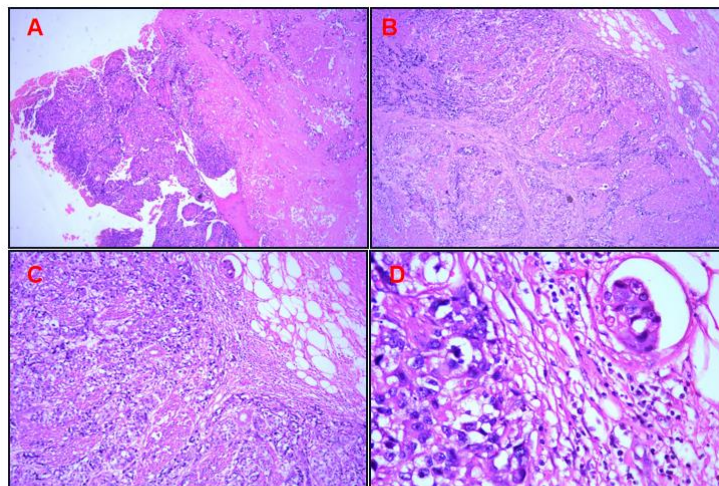


Figure 1 A is the high-grade urothelial carcinoma of the bladder (40X) ; B, C, D are invaded the entire layer and surrounding adipose tissue of high-grade urothelial carcinoma of the bladder of 40X,100X,400X

The second, drug side effects include Mild gastrointestinal reactions during paclitaxel liposome. Oppression in the chest, BNP2295(previous coronary heart disease), 1-degree myeloid suppression, and abnormal liver and kidney function during the first gemcitabine and cisplatin chemotherapy, consequently, gemcitabine dose reduction. Abnormal liver function, moderate

anemia, and mild gastrointestinal reactions during immunization +GP. The timing of the selection of immunotherapy for this patient: the first-line GC regimen was due to renal intolerance, the second-line paclitaxel regimen progressed after chemotherapy, and immunotherapy was selected based on the molecular pathological test results. We suggest that patients with advanced metastatic bladder cancer can try camrelizumab in combination with chemotherapy in the case of poor efficacy of multiline therapy and selection of immunotherapy based on molecular pathological test results.

*Reviewer #3: English language needs to be improved. Rest it is a good paper worth publication.*

We checked the article again for possible English language errors.

Finally, we added "Author Contributions", "PMID and DOI numbers", "FINAL DIAGNOSIS", "TREATMENT", and "OUTCOME AND FOLLOW-UP" sections to our article.